

# 2018 Stone Soup Camp Application

Applying for: \_\_\_\_\_ Stone Soup Camp (June 18 - 22) \_\_\_\_\_ Stone Soup for ASD (July 9 - 13)

## Personal Information

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthday \_\_\_\_\_ Age at Camp date \_\_\_\_\_

School Grade \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail address \_\_\_\_\_

List siblings and ages \_\_\_\_\_

## MEDICAL INFORMATION

Diagnoses \_\_\_\_\_

Camper's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company/ number \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Phone Number \_\_\_\_\_

Please list medications and dosages. Circle medications that will (or may) be given during the camp hours: \_\_\_\_\_

## TOILETING

Needs no assistance \_\_\_\_\_ Needs Minimal assistance \_\_\_\_\_ Needs full assistance \_\_\_\_\_

## COMMUNICATION

My camper communicates primarily in the following way: (check all that apply)

Complete sentences \_\_\_\_\_ Single Words \_\_\_\_\_

2- 3 Word Phases \_\_\_\_\_ Objects gestures sign language \_\_\_\_\_

Pictures/symbols written \_\_\_\_\_

Comments: \_\_\_\_\_

**ACTIVITY LEVEL**

Please tell us about the normal activity level of your camper: (Check all that apply)

Typical attention span for age \_\_\_\_\_ Very short attention span \_\_\_\_\_

Less active, needs motivation \_\_\_\_\_ Overactive \_\_\_\_\_

Requires 1:1 Supervision at all times \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**CAMP EXPERIENCE**

Has your child ever been to any camp before? \_\_\_\_\_

**BEHAVIORS**

Check all that apply:

Grabbing others \_\_\_\_\_ Inappropriate touching of self/others \_\_\_\_\_

Biting \_\_\_\_\_ Self-injurious behaviors \_\_\_\_\_

Throwing things \_\_\_\_\_ Spitting \_\_\_\_\_

Dumping liquids \_\_\_\_\_ Running/elopement hitting \_\_\_\_\_

Screaming \_\_\_\_\_ Other Comments \_\_\_\_\_

Tantrumming \_\_\_\_\_

If your camper has a behavior plan in place, please attach a copy of that behavior plan to this application

**OTHER SPECIAL CONSIDERATIONS**

Does your child have other special medical consideration we need to be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child on a special diet or biomedical treatment plan that we need to be aware of? Keep in mind that food may be used with teaching strategies. Although you will be sending your child's lunch we still need to be aware of dietary restrictions. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any known allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS**

This is your opportunity to tell us a little more about your child, their likes, dislikes, what they find particularly motivating, stimulatory behaviors, etc. This is also your chance to brag a little on what a great kid you have! \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

Date application received: \_\_\_\_\_  
Amount enclosed: \_\_\_\_\_ Check number: \_\_\_\_\_  
Accepted: \_\_\_\_\_ Waitlisted: \_\_\_\_\_  
Class Assignment: \_\_\_\_\_

**CONTACT INFORMATION**

Applications can be e-mailed to:

[tburt.stonesoup@gmail.com](mailto:tburt.stonesoup@gmail.com)

or mailed to:

**Stone Soup**

c/o Faith Baptist Church

1789 Hwy 11 NW

Monroe, GA 30656

You can reach Tami Burt, Camp Director at

[tami@thebridgeofgeorgia.org](mailto:tami@thebridgeofgeorgia.org)

[tburt.stonesoup@gmail.com](mailto:tburt.stonesoup@gmail.com)